

VSP Enrollment Form for State of California Retirees/Annuitants

Sign up for VSP.

September 15 – October 10, 2008

Coverage effective:

January 1, 2009

Questions?

Call VSP at **800.877.7195** or visit
vsp.com/go/stateofca.

Enrolling in VSP is easy.

Choose **one** of these options:

Online:

Visit **vsp.com/go/stateofca** and complete the online enrollment form.

Phone:

Call VSP at **800.877.7195**.

Mail:

Complete and mail this enrollment form.

Note: You may have VSP vision coverage under a different State entity or carrier.

Complete this form to enroll if you haven't already enrolled online or by phone.

1. Complete, sign, and date this form.
2. Detach form and mail to VSP in the enclosed pre-addressed envelope.

Need to update your contact information?

Please check your contact information above and note changes here:

Do you have an e-mail address?

Please provide your e-mail address to receive an enrollment confirmation.

Your VSP Coverage

Choose one:

☐ Retiree Only ☐ Retiree + 1 ☐ Retiree + Family



Dependent Name (Only list Dependents if you selected "Retiree + 1" or "Retiree + Family.")	Date of Birth (Month/Day/Year)	Relationship to Enrollee (Spouse, Domestic Partner, Child, etc.)

Please read before signing. By signing below, I agree that all information is true and understand that I'm enrolling for a 12-month term from January 1, 2009 through December 31, 2009. I understand that my VSP plan will automatically renew after the 12-month coverage expires unless I specifically elect not to renew. I also acknowledge that enrollment in the plan authorizes the State to deduct monthly vision premiums from my state retirement warrant. I understand that if my state retirement warrant is not adequate to cover the cost of my monthly premiums, VSP will bill me directly. I understand that failure to submit premium payment by the legally required due date will result in the termination of my VSP plan benefit.

Enrollee signature _____ Date _____